

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
PAGE 1/5  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
2018 AUG -6 AM 11:54

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Van Hollen for Senate

ADDRESS (number and street)

10605 Concord St.

☐ (Check if address is changed)

Ste. 202

Kensington

CITY ▲

MD

STATE ▲

20895

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

stacey@vanhollen.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

http://www.vanhollen.org

2. DATE

MM / DD / YYYY  
11 / 09 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00573758

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maud, Stacey, . .

Signature of Treasurer

Maud, Stacey, . .

Date

MM / DD / YYYY  
07 / 31 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

201808060200671473

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Van Hollen, Chris, , ,

Candidate  
Party Affiliation

DEM

Office  
Sought:

House



Senate



President

State

MD

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

201808060200671474

Write or Type Committee Name

Van Hollen for Senate

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Van Hollen Victory Fund

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Maud, Stacey, . .

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

301

942

3768

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Maud, Stacey, . .

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

CITY

STATE

ZIP CODE

Title or Position  
Treasurer

Telephone number

301

942

3768

201109090200671475

Full Name of  
Designated  
Agent

Maud, Stacey, . .

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

CITY

STATE

ZIP CODE

Title or Position  
Treasurer

Telephone number

301

942

3768

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M&amp;T Bank

Mailing Address

10420 Montgomery Ave.

Kensington

MD

20895

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201306060200671476

## 5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Van Hollen for Congress  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

10605 Concord St.  
\_\_\_\_\_  
\_\_\_\_\_Ste. 202  
\_\_\_\_\_  
\_\_\_\_\_Kensington  
\_\_\_\_\_  
\_\_\_\_\_MD  
\_\_\_\_\_  
\_\_\_\_\_20895  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc. \_\_\_\_\_  
\_\_\_\_\_Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

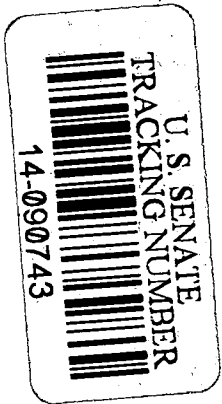
STATE ▲

ZIP CODE ▲

20180306020067147

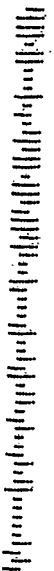
Chris  
**VanHollen**  
DEMOCRAT ★ US SENATE  
10605 Concord Street • Suite 202  
Kensington, Maryland 20895

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Senate Post Office  
AUG 03 2018



Office of Public Records  
P.O. Box 77578  
Washington, DC 20013-7578

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

7/31/18  
Postmark

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Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

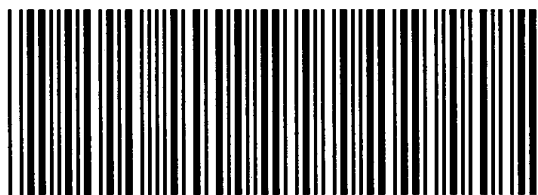
RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

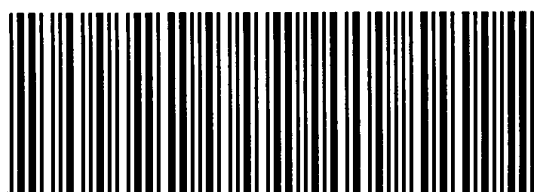
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Date of Receipt or Postmark

PREPARER BP DATE PREPARED 8/6/18



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SEN PATCH